

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNICORN TECHNICAL INDUSTRIES LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

APR - 1 2025



March 26, 2025

FLORIDA DEPARTMENT OF STATE

Division of Corporations

UNICORN TECHNICAL INDUSTRIES LLC  
382 NE 191ST ST #444064  
MIAMI, FL 33179US

SUBJECT: UNICORN TECHNICAL INDUSTRIES LLC  
REF: L25000019856

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

FAX Aud. #: H25000109337  
Letter Number: 425A00006517

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNICORN TECHNICAL INDUSTRIES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Treutlein

Name of Person

Legalzoom.com, Inc.

Firm/Company

11501 Domain Dr., Suite 200

Address

Austin, TX 78758

City/State and Zip Code

altineer@protonmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Treutlein

800

773-0888

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNICORN TECHNICAL INDUSTRIES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2025 MAR 31 PM 2:00  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/10/2025 and assigned Florida document number L25000019856.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7824 Grande Shores Dr, Sarasota, Florida 34240

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

7824 Grande Shores Dr, Sarasota, Florida 34240

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

, Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/S/

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ryan Wallace Alizer		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7824 Grande Shores Dr. Sarasota, Florida 34240	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 APR 1 11:21:00  
 LEGALZOOM.COM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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FILED  
2025 MAR 31 PM 2:00  
CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated March 31st 2025

/s/ Ryan Wallace Altizer  
Signature of a member or authorized representative of a member

Ryan Wallace Altizer  
Typed or printed name of signee